Harvard Medical Alumni Bulletin

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in weight reduction— new evidence of the efficacy of Dexedrine

Excerpts from a recent study entitled, THE MECHANISM OF AMPHETAMINE-INDUCED LOSS OF WEIGHT: A Consideration of the Theory of Hunger and Appetite —by Harris, S. C.; Ivy, A. C., and Searle, L. M.: J. A. M. A. 134:1468 (Aug. 23) 1947.

experiment 1. Does 'Dexedrine' Sulfate, by controlling appetite, decrease food intake and body weight in human subjects?

results ". . . our obese subjects lost weight when placed on a diet which allowed them to eat all they wanted three times a day . . ."

experiment 4. Does the rather prolonged administration of Dexedrine cause any evidence of disturbance of tissue functions?

results "No evidence of toxicity of the drug as employed in these studies was found . . . no evidence of deleterious effects of the drug was observed."

Dexedrine* Sulfate

for control of appetite in weight reduction

(*dextro-amphetamine sulfate, S.K.F.*) Tablets Elixir

* T.M. REG. U.S. PAT. OFF.

Smith, Kline & French Laboratories, Philadelphia

SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

VITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

New POWERFUL ANALGESIC

Adanon hydrochloride (6-dimethylamino-4,4-diphenyl-3-heptanone hydrochloride) is a new synthetic compound with analgesic action comparable to morphine.

Indicated principally for the relief of intractable pain of malignancies, renal colic, fracture and postoperative pain, and for supression of cough. Not recommended for use in obstetrics or preoperatively. Administered orally, intramuscularly and intravenously in doses of from 2.5 to 10 mg.

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Synthetic Analgesic and Antitussive

Toblets of 2.5 mg., 5 mg., 7.5 mg. ond 10 mg., 100's and 500's. Elixir (5 mg./5 cc.), bottles of 16 fl. oz. ond 1 gol. Syrup (10 mg./30 cc.), bottles of 16 fl. oz. ond 1 gol. Ampuls of 2 cc. (5 mg./cc.), 10's, 25's ond 100's. Viols of 10 cc. (10 mg./cc.).

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Medical School Notes

LEGAL MEDICINE

The Department of Legal Medicine is unique in that it is as well known to non-medical people as it is to graduates of the Medical School. Its opinions and advices are constantly being sought by the law-enforcement agencies of this and many other states. Its doings are frequently displayed to the public by the press, usually in the most lurid form and it has by example or persuasion altered statutes in Massachusetts and elsewhere.

Its beginnings were in 1907 when George Burgess Magrath of the Department of Pathology, because of his experience and interest, offered voluntary lectures in legal medicine to the third year class. These were continued until 1937 when he became Professor *Emeritus*. Although the Department itself was relatively unknown to the alumni, the personality and presence of Dr. Magrath certainly was not. There can be few graduates of the last 30 years or more who do not vividly recall his stories and the dramatic manner of their telling. Largely because of his personality the Department was endowed and in 1937 Alan R. Moritz the first and present incumbent of the Frances Glessner Lee Professorship was called from Western Reserve where he was Associate Professor of Pathology.

Since then the Department has broadened and become unusual in several respects. One of these is that it is responsible for the teaching of forensic medicine to the third year classes of all three medical schools in Boston. There is only one other school, New York University which has a comparable relationship to law enforcement and crime detection organizations. According to Dr. Moritz there are five particular functions of the Department. We shall examine them in order.

The first function is to arrange seminar conferences and lectures on medico-legal subjects for the benefit of pathologists, medical examiners, coroners, police, and other groups. These seminars, arranged for groups of 25, are given periodically throughout the year and are held not only at the Medical School but also in various other cities of Massachusetts and adjacent states. Some of the seminars deal with basic and others with advanced medico-legal problems. In addition seminars are held three to four times a year for groups of police on problems particularly relating to their work.

Of great aid in these short courses is equipment absolutely original, and which promises to become at least the "glass flowers" of the Medical School. In the Department on the third floor of Building E, above the George Burgess Magrath Memorial Library, is a room the walls of which are arranged as in an up-to-date museum. Behind glass panels are exquisitely constructed miniatures of scenes of unexplained or suspicious death. These can be illuminated with remarkable effectiveness by pressing a button below the glass panel. When this is done the effect is startling, to the uninitiated the sense of being at the scene of a crime is transcendent. Initial sensations of revulsion, curiosity and morbid fascination are aroused. When one's sense of proportion returns, one first admires the amazingly accurate details, the tiny newspaper printed with the proper type, the cancelled stamps on the miniature mail, the cob webs, the light snow blown by the car's exhaust pipe and a thousand other matters. And then the Sherlock Holmes in one becomes dominant and deductions are attempted but shortly it becomes evident that one is just as glad that marks are not being given on one's powers of observation for the solutions are far from obvious.

ALAN R. MORITZ, M.D.

Actually, they are the basis of marks, for these "nutshell cases" as the Department calls them, are used for testing powers of observation in the various seminar groups. They were all constructed by a remarkable woman, Frances Glessner Lee of Littleton, N. H. She has been much interested in making models and many years ago on becoming acquainted with Dr. Magrath's stories and experiences, she was inspired to construct the "nutshells" as teaching material, and from the beginning they have been invaluable aids.

It is planned that future seminars will deal with medico-legal problems of interest from the standpoint of life and casualty insurance and also to journalists concerned with the investigation and reporting of crime.

The second function of the Department is to maintain a demonstration project to show how medicine may function effectively in behalf of law enforcement. To accomplish this the Department has undertaken the following responsibilities for official medico-legal practice.

Through its association with the State Department of Public Safety it is responsible for the conduct of approximately 300 autopsies a year on the bodies of persons dead of violent or obscure causes. This number includes the majority of the deaths each year in Massachusetts that are known or suspected to have resulted from homicide.

Full time members of the Department are responsible for the medico-legal investigations in the city of Boston of approximately 600 deaths including 150 autopsies.

Through its association with the State Department of Mental Health, the staff of the Department is concerned each year with the investigation of several hundred deaths occurring in mental hospitals.

The third function is to provide training in legal medicine of apprenticeship type for suitably qualified graduate students, and also research experience for some who do not plan to follow forensic medicine as a career.

Since over 400 autopsies a year are the responsibility of the Department and since the Department is constantly being consulted on medico-legal problems, the apprentice is exposed to an enormous amount of material and experience that otherwise would be unobtainable. It is of considerable interest to observe the subsequent careers of Fellows in legal medicine. The time has been short and the war has interfered with the normal conduct of affairs, but at the present time, the Chief Medical Examiner of the State of Virginia, the Pathologist to the Coroner's office in Cincinnati, and the Pathologist to the Coroner's office in Denver are graduates of the Department. In addition a recent graduate is shortly to be the State Medical Examiner of Vermont.

As regards research, since 1940 over 55 reports of original investigations conducted in the Department have been published. During the war the Department was very active in problems relating to the mechanism of injuries caused by various agents of interest to the Chemical Warfare Service which were studied by means of radioactive tracers. Later the emphasis was thrown on the problem of thermal trauma in relation to the casualty-producing effectiveness of the flame thrower.

The fourth function is to provide instruction in legal medicine and medical jurisprudence for undergraduate medical students. A course of 12 lectures is given

ONE OF THE "NUTSHELL CASES"

to the third year class. Since Harvard is the only Medical School in Boston that has a Department of Legal Medicine, the facilities of this Department were made available to the Medical Schools of Tufts College and Boston University. For the past 5 years the third year classes of all three schools have taken the course simultaneously.

The fifth function is to bring to the attention of the medical and legal professions the need for and the means of improving the practice of legal medicine in this country. This is a most important consideration and requires a little explanation. At the present time only Connecticut, Maine, New Hampshire, Massachusetts, Maryland, Virginia, Essex County in New Jersey and parts of New York State including New York City have the Medical Examiner System. All the others employ the old coroner system. Now a coroner is an elective office of uncertain term and usually is not required to have experience or any special skill. A medical examiner on the other hand is essentially a pathologist with many special skills. In the past few years well over a hundred out-of-state lectures and conferences devoted to the improvement of the practice of legal medicine have been held at the request of various medical societies. Partly, at least, as a result of these efforts, laws pertaining to the practice of legal medicine have been or are in the process of being changed in Maine, Missouri, Michigan, Ohio, Oklahoma, New Hampshire and Wisconsin.

This year for the first time a series of lectures on Medical Evidence has been offered at the Harvard Law School.

Thus it is clear that this relatively new Department on the whole little known, has already accomplished much to enhance the name of the School.

Harvard Medical Society Meetings

On Tuesday, October 14, 1947 the Harvard Medical Society held its first meeting on Harvard soil. Organized originally by the Departments of Surgery and Medicine under Dr. Cushing and Dr. Christian, the meetings heretofore had been held at the Peter Bent Brigham Hospital. Wishing to dissipate the impression that the Peter Bent Brigham Hospital was the only interested backer of the Society, and maintaining that the Society should have broad departmental and faculty representation in its sponsorship, Dr. George Thorn, Professor of Medicine and Head of the Department of Medicine at the Peter Bent Brigham Hospital, recommended to the Administrative Board of the Medical School early in 1947 that the Administrative Board assume the responsibility for the Society. Accordingly a committee of the Administrative Board was appointed by the Dean and the October meeting was the first held under its aegis.

Under the new plan the Harvard Medical Society is to meet eight times during the academic year. Four of the meetings will be held in an amphitheatre of the Medical School; at two or three of these a division or department of medical science will report its investigative activities. At the other one or two it is hoped that a distinguished visitor will address the Society. During the current academic year the new Laboratory of Biophysics of the Department of Biochemistry accepted the responsibility for the October meeting. The Department of Bacteriology and Immunology, with the collaboration of infectious disease units elsewhere in the Medical School and the School of Public Health, has accepted the responsibility for a symposium on virus disease for the meeting of March 1948. At the November meeting the Society was fortunate, through the hospitality of the Department of Bacteriology, to present Dr. B. C. J. G. Knight of the Wellcome Physiological Research Laboratories near London.

The other four meetings will each be held at one of the major teaching hospitals where investigation current in one of the Medical School departments will be presented. At the December meeting at the Boston City Hospital investigations of the Thorndike Memorial Laboratory were presented. At the January meeting the Department of Psychiatry at the Massachusetts General Hospital will present a symposium with both an afternoon and evening meeting on the problems being investigated in that Department. The program of the February meeting will be the responsibility of the Department of Medicine at the Beth Israel Hospital, that of April of the Department of Medicine at the Peter Bent Brigham Hospital.

The number of scientific and clinical meetings taking place in Boston in a year has become overpowering. A scientist interested in the field of medicine or a clinician could spend most of his days and all of his evenings going to meetings. It is the hope of the Committee charged with the responsibility of the Harvard Medical Society that by holding the sessions at the Medical School and in the affiliated hospitals that laboratory and clinical investigators, students and faculty will be brought more closely together and that the duplication of scientific meetings will be curtailed.

The Harvard Medical Alumni Bulletin will report each meeting; Mr. D. C. Tosteson of the class of 1948, at present Research Fellow in Physiology, is this year's reporter.

Oliver Cope, '28

MEETING NO. 1

The first meeting of the Harvard Medical Society in the 1947-48 series was convened in the amphitheater of Building D on the evening of October 14 by the chairman, Dr. Oliver Cope. The newly-created Biophysical Laboratory of the Harvard Medical School presented a symposium on *Biological Problems Studied with Isotopes.* An overflow crowd filled even the aisles of the hall.

Dr. DeWitt Stetten, Jr., recently called to the post of Assistant Professor of Biochemistry here, presented the first paper on *The Rates of Biological Processes in the Intact Animal.* He discussed the use of stable isotopes in the study of factors affecting the development of fatty livers in experimental animals. Employing choline containing N^{15}, and fatty acids tagged with deuterium, he was able to show that the fatty livers resulting from choline deficiency, cystine intoxication, and anterior pituitary extract administration were pathogenically distinct. In choline deficiency a decrease in the rate of conversion of liver fat to lecithin resulted in accumulation of fat in the liver. Cystine intoxication caused increased synthesis of liver fats while anterior pituitary extract led to mobilization of fat stores to the liver.

Dr. A. K. Solomon of the Biophysical Laboratory, Assistant Professor of Biochemistry reported some preliminary investigations made with J. C. Cobb on the use of C^{14} in tissue radioautographs. He presented the results of studies on the optimal type of film, methods of processing, and problems involved in taking the pictures. Most of these studies were carried out on slides covered with a fine suspension of barium carbonate tagged with C^{14}. Work on tissues is now in progress. Dr. Solomon exhibited the first radioautograph of a biologically synthesized compound containing C^{14}, a section of liver in which the glycogen had been tagged with that isotope. The potentially enormous importance of this technique in future histochemical work can at the moment only be conjectured.

Dr. A. C. Barger and Dr. E. M. Landis reported on *Tracer Studies of Gas Exchange in Man.* Dr. Barger, Research Fellow in Physiology, read the paper. He outlined the technical problems which are encountered in developing a system by which respired air could be made to pass thru a Geiger-Muller counter. Solution of most of these difficulties has made possible preliminary physiological experiments, using radioactive argon as the tracer gas. Saturation studies on normal human subjects breathing in a closed system containing a known amount of A^{37} showed a roughly exponential decrease in counting rate (i.e. concentration or A^{37} in the system) with time. This curve plotted logarithmically could be resolved into three straight lines of different slopes. The first segment indicated a rapid fall in counting rate in the first one to two minutes. This effect was probably due to dilution of the A^{37} in the air spaces of the lungs. There followed a slower decline in counting rate over the next four to five minutes, presumably due to absorption of radioactive argon into the blood stream and more vascular tissues. Finally a very slow decline, representing penetration of all tissues, occured. Work on normal and abnormal subjects with A^{37}, ethyl iodide containing I^{131}, and acetylene tagged with C^{14} is continuing.

Dr. Ivan D. Frantz, Jr., of the Huntington Cancer Research Laboratory at the Massachusetts General Hospital, presented the fourth paper. He discussed investigations carried out with Dr. Robert B. Loftfield and Dr. Warren W. Miller on the *Incorporation of Alanine into Protein.* They incubated alanine containing carbon 14 in the carboxyl group with liver slices in the presence and absence of oxygen. The incorporation of radioactive carbon into the protein was found to be dependent on oxygen. Most of the C^{14} in the protein could be accounted for in the alanine fraction of the protein hydrolysate. Therefore these workers felt that transcar-

boxylation from the alanine to protein did not occur. Further study of the crucial problem of protein synthesis using isotope techniques is in progress.

Some Aspects of the Metabolism of Zinc as Studied with the Radioisotope Zinc 65, were reported by Dr. John G. Gibson II and Dr. Bert L. Vallee. The paper was read by Dr. Vallee, Research Fellow in Medicine. They presented evidence for the importance of zinc in the metabolism of both erythrocytes and leukocytes. There is a direct relationship between carbonic anhydrase activity, as measured in vitro, and the zinc content of erythrocytes. In untreated pernicious anemia patients both the zinc and carbonic anhydrase levels are from 3 to 5 times higher than normal. Under liver extract therapy the zinc and carbonic anhydrase values return to within normal limits. Normal leukocytes contain a very small but constant amount of zinc. The role of the metal in the production of leukocytes is obscure. In both myelogenous and lymphatic leukemia the zinc content of the individual white cell is from 1/5 to 1/10 the normal value. In patients who obtain satisfactory remissions with X-ray or urethane therapy the zinc content rises toward normal as the white count falls.

The spectrum of subjects discussed in the symposium clearly demonstrated the wide applicability of isotope techniques. It made obvious to all the prominent role which these tools will play in biological research in the coming years. The meeting was a fitting inaugural of the atomic era of medical research at Harvard.

MEETING NO. 2

The Harvard Medical Society met for the second time this year on November 7 in Building D amphitheater. Dr. B. C. J. G. Knight from the Division of Biochemistry, Wellcome Laboratories, Beckenham, Kent, England, spoke on the subject *The Unity of Biochemistry.* Dr. Cope presided.

Dr. Knight advanced the hypothesis that there are certain metabolic similarities between organisms otherwise unrelated. He proposed that there is a fundamental biochemical framework of coenzymes and other essential molecules which is necessary for life. According to this view, specialization of cellular function involves elaboration of more complex metabolic reactions around this critical core. It is this core common to many if not all organisms which forms the "unity of biochemistry." According to the synthetic powers of the organism the nutritional factors necessary to maintain this core will vary. Thus thiamin, the precursor of the coenzyme cocarboxylase, is a dietary factor common to a great variety of organisms, from yeast and bacteria to rodents and mammals. On the other hand, organisms which synthesize the metabolite folic acid from para-amino-benzoic acid require the latter in the diet. Those organisms which lack this metabolic prowess required folic acid itself.

Dr. Knight presented data on many other such biochemical common denominators. He also outlined the direction of further research to characterize this biochemical unity and its evolutionary history.

Dr. Ball, Dr. Mueller, and Dr. Lipmann contributed to the comment after the lecture. All agreed that the concept of the unity of biochemistry provided a valuable path for further research.

MEETING NO. 3

The third meeting of the Harvard Medical Society was held in conjunction with the Boston City Hospital House Officers' Association in the Cheever Amphitheater of the Dowling Building on the evening of Tuesday, December 9. Dr. William B. Castle presided.

Dr. Tom Fite Paine, Jr., presented the first paper to the crowded assembly. He reviewed his work done with Dr. Maxwell Finland on streptomycin sensitive, resistant, and dependent organisms. He revealed considerable evidence in support of the concept that there are at least two

general classes of streptomycin resistant organisms in the several species of bacteria studied. Some strains of P. Morgani, for example, merely were able to exist in the presence of streptomycin. Others required the antibiotic for growth. The staphyloccus aureus, proteus morgani, pyocyaneous, and B. coli along with the previously described meningococcus all showed this phenomenon. In the subsequent discussion Dr. Finland emphasized the reasons behind the frequent development of streptomycin fastness in urinary infections. He brought out that there are approximately 10^9 bacteria per cc. in the urine of most acute pyelonephritics. In a bacterial population of this size the likelihood of occurence of streptomycin resistent variants is very great.

Dr. Walter F. Rogers, Jr., Research Fellow in Medicine, and Dr. Robert H. Williams reported observations made on normal and abnormal human adrenal cortices. Dr. Rogers read the paper. They presented data on the cholesterol content of normal and abnormal adrenals. These observations were correlated with histological studies on the same glands. It was suggested that the abnormal biochemical and histological findings were due to stimulation, depletion, and involution of the adrenal cortex.

Drs. Richard D. Eckhardt, Jessica H. Lewis, T. L. Murphy, William W. Faloon, and Charles S. Davidson reported on the *Metabolism of Parenterally Administered Human Serum Albumin in Man.* Dr. Eckhardt read the paper. They found that unsupplemented serum albumin fed orally as the only source of protein maintained positive nitrogen balance and weight in normal subjects. They also presented evidence for the view that intravenously administered albumin is metabolized to amino acids for utilization and excretion, but at a slow rate. The date suggested that the half-life of parenterally administered albumin in the blood stream is approximately five days. Dr. Eckhardt emphasized that this property makes albumin a useful therapeutic agent in shock, and conditions associated with acute hypoalbuminemia.

Both Dr. Janeway and Dr. Cope contributed to the ensuing discussion. Dr. Cope concluded his remarks by observing that this first meeting of the Harvard Medical Society at the City Hospital was fitting recognition of the contributions made by the City Hospital group to the Medical School. Dr. Castle's cryptic comment, "You mean, Dr. Cope, that Mohammed has come to the mountain." brought the successful meeting to a good natured close.

Dr. Oliver Wendell Holmes at the Boston Society for Medical Improvement

A Note on the Contagiousness of Puerperal Fever

Reginald Fitz, '09

Mr. Dean Cornwell has painted a picture which tells a story that should have great appeal to any medical student and certainly to all those at Harvard.

In 1843, at the time the painting depicts, we Bostonians had a delightful city. I suspect that we were narrow-minded and that many people regarded us as snobbish, yet we enjoyed our way of life. We spent our days in the shadow of Beacon Hill since there was no place to be elsewhere, and everybody knew each other; our classmates at Harvard and their families, and our parents and brothers and sisters and uncles and aunts and cousins largely made up what we called Boston; people outside this magic circle did not belong to the Brahmin caste and therefore scarcely counted.

It was the fashion for graduates of the Harvard Medical School to include a year of service as House Pupils at the Massachusetts General Hospital under Dr. John C. Warren or Dr. James Jackson, then to go abroad for a year or two for final polishing; particularly to Paris, which seemed to be the hub of the medical world just as was Boston the hub of the universe. We looked forward to coming home, and to marriage and children and to the practice of medicine, anticipating that we would live happily forever afterwards.

The Boston Society for Medical Improvement was created in 1839. It was an interesting Society, established, according to its constitution, "to cultivate confidence and good feeling between members of the profession." It met regularly on the second and fourth Monday of each month at some member's house; a man not only must have been in practice for two years to be eligible for membership but also must he possess fitting social graces. As one can imagine, it was very much a young man's club, convivial as well as professional, which everyone was eager to join; to be sure, there were a few older men as Honorary Members who sometimes dropped in at the meetings—men like Dr. Warren, Dr. Jackson or the senior Dr. Shattuck, who always were charming by their knowledge and wit—but, on the whole, youth was at the helm.

A secretary was elected to serve for a year and his task was to arrange the program for each meeting. He called the club to order, announced the Chairman—who customarily was the host at whose house the meeting was held—and then a set program was to be followed. The Secretary was directed to read the minutes of the previous meeting, communications from members were rendered, the club then settled down to hear the paper of the evening and this was followed by what was vaguely termed "incidental business", possibly conducted to the amiable accompaniment of a glass or two of Agricultural Society punch, of which the potency and palatability were beyond reproach.

The members, in 1843, were particularly energetic. Dr. Humphreys Storer, later Dean of the Medical School and Professor of Obstetrics, was acting as Secretary. He was nearly forty years old so that he was regarded as an older man, and he had started off the year with a fine burst of speed.

At the first meeting in January, Dr. J. B. S. Jackson—already well trained in pathology as related to clinical diagnosis—had made an unusual communication. He said that he had been called in consultation to Lynn by Dr. Peirson of Salem to see a Dr. Barker. The case history was that Dr. Barker had taken care of a lady with puerperal fever who had died; and in performing the necropsy he had ac-

quired a superficial skin scratch. Soon he developed chills and fever, and by the time Dr. Jackson saw him, he was very ill. He had responded neither to drastic bleeding nor to purgation by large doses of mercury.

At the second meeting in that same month, Dr. Jackson made a further report: he announced Dr. Barker's death. Said he, "Is it possible that puerperal fever can be a contagious disease? Can a physician communicate it from one patient to another?"

These questions provoked long and animated discussion; finally, on motion by Dr. Jackson, the Society voted to give further consideration to the subject at its next meeting.

The next meeting fell on Monday evening, February 13th, and was held at Dr. Robert Hooper's house. He was an agreeable young Harvard product from Marblehead, thirty-three years old, happily married for four years to Ellen Sturgis who was a daughter of Mr. William Sturgis, one of our better-known merchants.

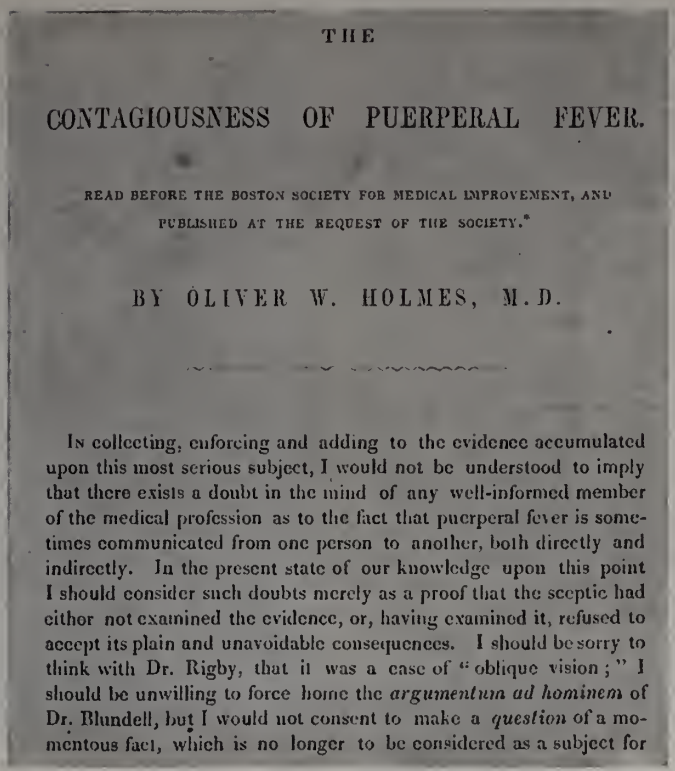
The Sturgis house was on Summer Street, just below the corner of Washington Street, and was a large mansion. The young Hoopers had been set up by their parents less pretentiously in one of the newer houses a little further uptown on Winter Street just below Tremont Street near the Common. This proved a comfortable arrangement by which Ellen could easily walk downtown a few hundred yards to visit her family and do her shopping further down the hill or exchange gossip about the intimate details of housekeeping as she and her friends sunned their babies in the salubrious air of the Mall; her house, being in the newer part of Boston and recently built, was, of course, a gem of modernity with such conveniences as gas lighting and even a newfangled bath-tub, a dangerous contraption only to be used, to be sure, on medical advice.

One entered by a hall and in the back room, on the ground floor, was the doctor's office. Downstairs below the street level were the kitchen and dining room. Upstairs on the second floor were the front and back parlors which were connected by a hall which ran nearly the length of the house so that the entire floor could easily be made into one large room.

The back parlor, which we see in Mr. Cornwell's picture, was attractively furnished with the kind of wedding presents that young people then used to receive. You can observe the peculiar blending of French, English, and American furniture that was in vogue: a Chippendale chair, an American oval tripod table, two Empire sofas, a Copley portrait of one of Ellen's forbears on the wall, an American girandole, a French clock, light fixtures that also reflected the Bostonian admiration for Lafayette and Paris, and a mantel thoroughly British in its solidity. It was a nice room for the meeting of the Society.

Seventeen members were at hand for the call to order. The men in the picture illustrate their youthfulness. Dr. Hooper, as Chairman for the evening, has his back to us, with Secretary Storer on his right whose venerable forty years have already been alluded to and are further emphasized by his bald head. On Dr. Hooper's left, in the dark coat, is, I imagine, Dr. Enoch Hale, one of the senior members, fifty-three years old but still interested in young men and medical progress, hating chicanery of any sort, and always forthright and honest in his criticism.

It is easy to identify Dr. Holmes in the center; more difficult to recognize the other faces. Yet we know that Dr. Holmes was thirty-four, and the others look about his age. Perhaps they include Mason Warren, Professor Warren's son and a promising young surgeon, or George Shattuck, Jr., later to become Professor of Theory and Practice, or Jeffries Wyman, later Professor of Anatomy, or Charles Stedman who drifted into politics and became a state senator, or Samuel Parkman, a devoted staff member of the Hospital; and certainly Dr. Jackson who really was responsible for the subject of the meeting.



THE

CONTAGIOUSNESS OF PUERPERAL FEVER.

READ BEFORE THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT, AND PUBLISHED AT THE REQUEST OF THE SOCIETY.*

BY OLIVER W. HOLMES, M.D.

In collecting, enforcing and adding to the evidence accumulated upon this most serious subject, I would not be understood to imply that there exists a doubt in the mind of any well-informed member of the medical profession as to the fact that puerperal fever is sometimes communicated from one person to another, both directly and indirectly. In the present state of our knowledge upon this point I should consider such doubts merely as a proof that the sceptic had either not examined the evidence, or, having examined it, refused to accept its plain and unavoidable consequences. I should be sorry to think with Dr. Rigby, that it was a case of "oblique vision;" I should be unwilling to force home the *argumentum ad hominem* of Dr. Blundell, but I would not consent to make a *question* of a momentous fact, which is no longer to be considered as a subject for

Such men, at any rate, were the kind who gave the Society its character in its early days, and we know that each was present.

The clock on the mantelpiece appears to say that is is half-past eight. We know that the meeting began at half-past seven, that Dr. Storer had announced Dr. Hooper as Chairman for the evening, that by this time the minutes of the previous meeting had been accepted, and that Drs. Bethune, Storer, Warren, and Wyman had each made communications.

Dr. Holmes is now speaking. On the table the pile of manuscript which he has read, in contrast to what is left in his hand still to be heard, suggests that he is close to his peroration. "Gentlemen", he seems gravely to be saying, "I need not refer to the case lately read before this Society in which a physician went, soon after performing an autopsy of a case of puerperal fever, to a woman in labor, who was seized with the same disease and perished. The forfeit of that error has been already paid.

"I have no wish to express any harsh feeling with regard to the painful subject that has come before us. It is as a lesson rather than as a reproach that I call up the memory of these irreparable errors and wrongs. No tongue can tell of the heartbreaking calamity they have caused; there is no tone deep enough for regret, and no voice loud enough for warning. The woman about to become a mother, or with her new-born infant upon her bosom, should be the object of trembling care and sympathy wherever she bears her tender burden, or stretches her aching limbs. God forbid that any member of the profession to which she trusts her life should hazard it negligently, inadvisedly, or selfishly.

"A physician holding himself in readi-

ness to attend cases of midwifery, should never take any active part in the post-mortem examination of cases of puerperal fever. It is his duty to take every precaution that the disease shall not be introduced by nurses or other assistants, by making proper inquiries concerning them, and giving timely warning of every suspected source of danger. Whatever indulgence may be granted to those who have heretofore been the ignorant causes of so much misery, the time has come when the existence of a *private pestilence* in the sphere of a single physician should be looked upon not as misfortune but a crime; and in the knowledge of such occurence, the duties of the practitioner to his profession, should give way to his paramount obligations to society."

After Dr. Holmes had finished, there was no discussion; nothing seemed left to be said. Dr. Storer moved, and Dr. Jackson seconded, that the author be requested to publish the paper which he had just read. The motion was passed unanimously and thus the virginal *New England Quarterly Journal of Medicine and Surgery* for April 1843 had the honor of printing what proved to be an epoch-making medical article.

The ultimate effects of Dr. Holmes' arguments for the prevention of puerperal fever are familiar to everyone. I believe that such a pleasant picture of the surroundings in which such an important paper was actually presented is a distinct contribution to the teaching of medical history. Medical students for many generations will learn of Dr. Oliver Wendell Holmes: through this portrait they can visualize him as he appeared on that memorable evening in 1843, can appreciate something of the liveliness of his personality, and can almost hear him speak; and they can catch a glimpse of how he and his friends lived, their background and their amenities. Mr. Cornwell's ability to accomplish all this so felicitously in a painting is a gift for which medical students and teachers alike will remain sincerely grateful.

George Cheever Shattuck

Donald L. Augustine, M.D.

On July 1 of this year George Cheever Shattuck completed twenty-six years of service in Tropical Medicine at Harvard, and became Clinical Professor, *Emeritus,* in the School of Public Health.

Dr. Shattuck was born and educated in Boston. He prepared for college at the Noble and Greenough School, received the A.B. degree from Harvard in 1901, and the M.D. degree *cum laude* in 1905.

His special interest in exotic and tropical diseases was kindled quite by accident a year following graduation from the Medical School. Upon completion of his internship at the Massachusetts General Hospital he decided to travel a bit before beginning private practice, and accordingly went to the Far East. In Manila, he called on Dr. Richard P. Strong, who at that time was Director of the Medical Section of the Philippine Bureau of Science. Dr. Shattuck had planned to spend only three days in Manila, but accepted Dr. Strong's invitation to work at the Laboratory, and he remained in the Islands for three months. Dr. Shattuck was much impressed with and stimulated by the work which was being done in Manila by Dr. Strong and Dr. William Musgrave. He undertook a study of tropical ulcers in Dr. Strong's laboratory and this work was the subject of his first publication. Later, he accomplished Dr. Victor G. Heiser on a trip through the Islands to isolate lepers at the leper colony at Culion.

In 1915, Dr. Strong, then Professor of Tropical Medicine at Harvard, was appointed Director of the American Red Cross and International Sanitary Commissions to Serbia for combating typhus fever. The epidemic was one of the most severe known in modern times. Dr. Shattuck was invited by Dr. Strong to join the Commissions and he accepted the opportunity gladly.

For service on these Commissions, and subsequently for service with a Harvard Surgical Unit in the British Expeditionary Forces in France, Dr. Shattuck was awarded the Serbian Order of St. Sava, III class, the D.S.O., and the Master of Arts (honorary) degree from Harvard.

In 1921, he was appointed Assistant Professor of Tropical Medicine, and in 1938 he became Clinical Professor of Tropical Medicine at Harvard. His interests were chiefly centered in the clinical aspects of the subject and, through his early efforts, a Service for the diagnosis and treatment of tropical diseases was organized at the Boston City Hospital.

Dr. Shattuck helped to organize and took part in many expeditions of the Department of Tropical Medicine. In 1924-25, he accompanied the Hamilton Rice 7th Expedition to the Amazon, which was undertaken for geographical exploration and medical investigation. Dr. Shattuck

continued his clinical observations far above the navigable portions of the Rio Branco to its source in the Parima Mountains. The upper part of this region had not previously been explored.

The following year he was in Africa with an expedition from the Department of Tropical Medicine headed by Dr. Strong, which made a biological and medical survey of Liberia and of parts of the Belgian Congo.

Subsequently, Dr. Shattuck conducted two expeditions to Yucatan and one to Guatemala to study the diseases and medical problems of these localities. The expeditions operated under the joint auspices of the Department of Tropical Medicine at Harvard and the Carnegie Institution of Washington.

In 1927 Dr. Shattuck served as President of the American Society of Tropical Medicine. He is a charter member of the American Academy of Tropical Medicine. Since 1939 he has been Local Secretary for the United States of the Royal Society of Tropical Medicine and Hygiene. He is a member of Delta Omega and Sigma Xi.

During World War II, Dr. Shattuck was appointed Consultant to the Secretary of War on Tropical Medicine and Epidemic Diseases, and also Advisor to the Resources Division, Office of the Quartermaster General, War Department. He still serves several hospitals as Consultant on Tropical Diseases.

His semi-professional interests include the Boston Health League, the Massachusetts Central Health Council, the Museum of Comparative Zoology, the Advisory Committee on School Hygiene of the Boston Public Schools and the Massachusetts Civic League.

Dr. Shattuck has published on many medical subjects and has been interested especially in elephantiasis, vitamin deficiencies and heat effects. At present he is engaged in writing a one-volume textbook on Tropical Medicine.

Dr. Shattuck's life has not been "all work and no play." He enjoys riding, sailing and camping, and has even had the thrills of big game hunting in Africa. It is good to know that Dr. Shattuck does not intend to retire from active work, and that he will continue to serve in the School of Public Health.

Reprinted from Harvard Public Health Bulletin, November 1947

Correspondence

To the Editor Harvard Alumni Bulletin:

It is gratifying to find that the War Memorial Committee is considering a Medical Health Center as one of its possible choices. We are aware of the grave responsibility thrust upon the Committee, and it is certain that the Committee will not lightly set aside any plan worthy of consideration. The editorial in the Bulletin of November 22, 1947 indicates the difficulty of the task. But we are concerned lest some plans receive such overwhelming publicity or are so self-evident that they seem to over-shadow what to us is by far the most appropriate, most far-reaching and significant of all the plans that are under consideration. We refer to the letter published in your issue of July 5, 1947 proposing the combining of a new infirmary and clinic with an endowment for the study of man.

As we understand it, the Committee's responsibility is neither to initiate the idea of any memorial project of its own nor to elaborate on the details of the projects proposed by others, but solely to act as a judicial board for ideas originated and detailed by various individuals or groups within the alumni body. With this in mind we believe that the details of the so-called "Medical Center" and that essential part of it proposed in the letter to the Bulletin of July 5 are unfamiliar to the majority of alumni. The other major features of the "Medical Center" projects are as follows:

The present Stillman Infirmary is completely outmoded, occupying three separate buildings, unnecessarily far removed from the college and should be discarded. No one acquainted with the facts disagrees. Disposal of the property, very desirable for other purposes, would bring considerable financial return for use in the new undertaking. The present Hygiene building is the old, remodeled three-story Spee Club on Holyoke Street. At no time has it been really suitable for medical purposes and now the Department has considerably outgrown the building. Adjoining this building, towards Mt. Auburn Street on the south, is a one-story Employees' Clinic and an automobile parking lot. To the north of the Hygiene Building is the old two-story combined building of the Big Tree Swimming Pool and Little and Dunster Courts, now remodelled into offices for use by the Hygiene Department, one wing serving as storage for the Harvard Dramatic Clubs. It has been suggested that the plot of land on Mt. Auburn Street between Holyoke and Dunster Streets, of which the parking lot is now a part, should be used for the erection of a six-story medical health center and the buildings at present occupied revert to the University for other usage. Within this building should be incorporated the following: (1) The infirmary with the necessary equipment for running a modern institution of this sort. There should be wards and private rooms for not less than 100 patients. (2) Outpatient clinic with facilities for medical, surgical, dental, psychiatric and opthalmological care. (3) The Employees' Clinic. (4) X-ray Department, at present housed in Stillman Infirmary a mile from the center of the college. This has new and excellent equipment which can be transferred to the proposed building. (5) Laboratory for clinical, pathological and physiological work. (6) Medical record room and small library. (7) Offices and conference rooms with sufficient space for expected future expansion. Inasmuch as no major surgery is performed in the Infirmary, this being done in the well-equipped Boston hosital connected with the Medical School, the enormously expensive operating room facilities are not needed, except for one small emergency room.

The following figures give some indication of the very large growth of the Hygiene Department through the years: in 1894 when the office of the "Medical Visitor" was first established, there were 1,560 visits. By the year 1926-1927 there were 8,000 visits; 10 years later (1936-1937) there were 17,074 visits; finally, last year (1946-1947) there were 82,499 visits to all clinics.

In 1945-1946 in the out-patient clinic at 15 Holyoke Street (exclusive of Stillman Infirmary and Business, Law, Medical School and other visits) there were 20,122 student visits and 7,101 employee visits, and in 1946-1947, 33,544 student and 8,732 employee visits. The separate clinics at the Business School, the Law School and the Medical School should be continued as at present for the convenience of students in those schools. Even granting that the enlargement of the student body is in some respects temporary, the yearly increase in the use of Hygiene Department facilities has expanded out of all proportion since 1935. At the present time the physical facilities available are not only out of date, but they are unattractive, wasteful of valuable time and make good medical care difficult indeed.

It has been estimated that the cost of a Medical Center would be $4,000,000. The real cost is unknown because no definite blueprints are available which might be used as a basis for a reasonably accurate estimate. Probably $4,000,000 is a minimum figure. The cost would be considerable, but the eventual income on the investment for Harvard and the good of Harvard men, as we believe has already been shown, would be very great.

The plan that has been outlined is of course not the only possible one. It is not necessary at present to detail other possible approaches or modifications (there are many and they should be thoroughly investigated). We do wish to make the suggestion, however, that the Committee make such an investigation (through a subcommittee or by some other means) of not only the real needs for an infirmary and health center at Harvard but also the unique and what we regard as a superbly appropriate war memorial as outlined in the letter to the Bulletin previously mentioned.

Sincerely yours,

Clark W. Heath, A.B. '22, M.D. '26
John P. Monks, A.B. '24, M.D. '28

To the Editor:

In the current issue of the Harvard Medcal Alumni Bulletin, the editor ends his editorial with the statement, "It is disinterest that is disheartening." I am sure that there is not disinterest in the Bulletin, for I and most of my friends read it careully even though we do not write about it.

I thought I would tell you what I had been doing in case you cared to put it in the alumni notices for the class 1925. After observing the Bikini test, I became interested in the medical effects of the Atomic Bomb. This summer I went to Japan as a surgical consultant for the Atomic Bomb Casualty Commission. There I visited many of the imperial universities to talk with Japanese doctors who had been working on the problem. I then went to Hiroshima and Nagasaki, examined over a thousand of those who had been wounded by the bomb and returned home via the Philippine Islands, Siam, India, Turkey and England. Recommendations were made to the Committee on Atomic Casualties, N.R.C., along with those from three others who visited Japan this summer, for a long-term study of these Atomic casualties. This experience raised questions about the surgical effects of the Atomic Bomb and it is hoped that some of these can be studied in the Atomic Energy Project of the University of Rochester.

Herman E. Pearse, '25

To the Editor:

At the end of your editorial in the October issue, you mention that no answers have been received to the appeal for opinions on the War Memorial printed in the June number.

The Memorial may take both a static and a functional form. It is altogether fitting and proper that we should do this. A plaque bearing the names of our honored dead should be placed beside similar tablets of the names of those of us who died in previous wars. The functional aspect of the Memorial may take the form suggested in the June issue by Baker, Caner, Crone,

Fleming, Heath, Monks, and Seltzer, or take the form of a scholarship or scholarships. There is a third form which the Memorial might well take; a substantial donation to United World Federalists accompanied by this paraphrase of the words of Abraham Lincoln :

"It is for us the living, rather, to be dedicated here to the unfinished work which they who fought have thus far so nobly advanced. It is rather for us to be here dedicated to the great task remaining before us—that from these honored dead we take increased devotion to that cause for for which they gave the last full measure of devotion—that we here highly resolve that these dead shall not have died in vain—that this world, under God, shall have a new birth of freedom—and that government of the people, by the people, for the people, shall not perish from the earth."

HORACE PETTIT, '31

To the Editor:

The recent death of Elliott Cutler fixes the attention of all of us on his many outstanding accomplishments. Those of us whose destinies he directed in the European Theater will always remember him with affection. Europeans who came in contact with him for the first time formed a profound respect for him. One example of such respect bears relating.

By January 1946 the important U. S. Army medical personnel had all left Europe, and only a small number of stragglers were held in Germany. I was able to get back for two days in London, which was then completely free of the once heavy American Army influence.

The visit included lunch with Mr. John B. Hunter, the Dean of Kings College Medical School and also Chairman of the Committee of Deans of the London Medical Schools, at which we talked of the differences between medical education in our two countries. As in all European Schools the position of Dean is only part time. Mr. Hunter was also a Chief of Surgery in the Hospital. When the conversation came to professors of surgery, he interrupted to saw with great sincerity: "You can have no idea how much Elliott Cutler did to bring about the good relationship which now exists between the British and American medical people." As Mr. Hunter had been entirely civilian during the war, I regarded the remark as significant. JOSEPH S. LICHTY, '33

LOWELL LECTURES

Included in the Lowell Lectures this year are a course of eight illustrated lectures on "The Hospital in Contemporary Society," under the direction of Nathaniel W. Faxon, A.B., M.D., Director of the Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary.

1. "The Evolution of the Hospital," by Edward D. Churchill, M.D.
2. "The Relief of Suffering," by Henry K. Beecher, M.D.
3. "Human Nature and the Understanding of Disease," by Stanley Cobb, M.D.
4. "The Care of the Patient," by Leland S. McKittrick, M.D.
5. "The Education of the Doctor," by Oliver Cope, M.D.
6. "How Medicine Grows and its Relation to Science," by Eugene M. Landis, M.D.
7. "Unsolved Problems," by Joseph Aub, M.D.
8. "The Place of the Hospital in the Social Order," by Nathaniel W. Faxon, M.D.

NOTICE

The Alumni Office is anxious to obtain a copy of the 1935 Aesculapiad. If you have a copy which you do not want, please notify the Harvard Medical Alumni Association, 25 Shattuck St., Boston.

The Stethescope

Dale Friend (HMS 1935) has left the Dean's Office to work in high executive capacity for the John Hancock Life Insurance company. His intimates wish him luck; the instant he took over his new post, the citizens of Boston realized that something had happened by the immediately accelerated growth of the skeleton of the new building he proposes to occupy. John Hancock is indeed fortunate in having been able to attract a Friend of such energy to work for him.

The First Year Class has interesting characteristics. It averages twenty-three years in age, includes seventy-six veterans, it is fortified to a strength of 8.3% by Ardent Spirits of Neophytes in Dental Medicine and it has a 4% tinge of feminine allure. W. C. Quinby (HMS 1902) who became an *Emeritus* Professor in 1941 is back once more in harness. He is acting Head of the Department of Surgery at the P.B.B.H. Logan Roots (HMS 1930) writes from Church General Hospital, Wuchang, China that he badly wants the following numbers of S.G. and O.: June 1945, all of 1946 and January-June 1947. He is doing splendid work under great difficulty and deserves all possible help in building up his library. If an alumnus will send these items to Miss Holt, she will forward them to him. Sam Haines (HMS 1919), Clair Bauman (HMS 1921), Bud Hodgman (HMS 1930), Jim Heyl (HMS 1931) and Ben Carey (HMS 1932) were some of the elder brethren who dropped by recently to say "Hello." None of them looked much older than they did when they graduated and they seemed to find the School unchanged. It was pleasant to see them. A portrait of Dr. Walter Channing has been hung in the Faculty Room. He became Dean in 1819, held the chair until 1847, thereby establishing the record for long tenure in that office and, besides, was our first Professor of Obstetrics. The School of Public Health now lives in what used to be called the Huntington Hospital. On November 7th, the Harvard Public Health Chest Clinic was officially opened where patients and out-patients admitted to the P.B.B.H., the Children's Hospital, and the Lying-In Hospital may be X-rayed as well as medical students and employees. This is part of the case-finding program for tuberculosis now in operation in Massachusetts, the Harvard Unit being under the direction of Dr. Merrill C. Sosman. The first member of the Harvard Staff to be rayed was President Conant. The early moments of November 15th marked an unusual event at the Medical School. 12:01 A.M. was the instant at which the appointments offered by the Boston inter-Hospital Intern Committee were announced. More than six hundred applications were on file and about a hundred applicants assembled to hear the news, accompanied by cohorts of cousins, uncles, aunts, parents and wives. An unusual reception took place in the main corridor of the Administration Building. The conduct of our guests was superb; someone must have reminded them of the solemn admonition of John Quincy Adams in 1787:

> "The rulers, merciful and kind,
> With equal grief and wonder find
> That you should laugh and drink and sing,
> And make with noise the College ring.
> I therefore warn you to beware
> Of drinking more than you can bear:
> Wine an incentive is to riot,
> Destructive of the public quiet".

A Happy New Year to all!

THE MASSACHUSETTS GENERAL HOSPITAL AND CANCER

It is of interest that one General Hospital is convinced that by means of its present organization it is attacking the problem of cancer on a broader front and with as concentrated an effort as the more specialized "Cancer Hospital." A report recently submitted from the staff to the trustees of the Massachusetts General Hospital gives in detail the scope of this program. Emphasis is placed on the pattern of the "Cancer Hospital" within the framework of a General Hospital.

The popular philosophy of attack on any problem is in accord with the experience obtained with the Atomic Bomb Project in which all resources—mental, physical and financial are concentrated on a single goal, and side issues or related phenomena are lost sight of or set aside until the original objective is reached.

At the Massachusetts General Hospital the first Tumor Clinic was envisioned and set up in 1925. In 1942 the Huntington Memorial Hospital, together with its records, laboratories and personnel, moved from its location on Shattuck Street to the Massachusetts General Hospital. The linkage of Research Laboratories with the Tumor Clinic has created a nucleus of interest and endeavor supported by the vast clinical facilities already present.

Many adjuvants to the management of cancer originate in principles and technics initiated outside the field of cancer therapy. Obvious and outstanding examples are the development of thoracic surgery, uterine malignancies, chemotherapy, knowledge of physiological equilibrium and anesthesia. Further it is clear that the complete treatment of cancer requires the cooperation of services not usually primarily concerned with the disease. For instance, in control of pain the anesthetist, the neurosurgeon and the psychiatrist all may play important roles. Thus a good argument for integrating the treatment of cancer with the broad service supplied by a general hospital may be made.

Inextricably combined with the care of the patient in any cancer program are research and medical education. The former is handled at the Massachusetts General Hospital by the Huntington Laboratories. The types of research done are extremely varied and have had to do with hormonal control of malignant disease, effects of radiation, etc., but the fundamental interest is concerned with the growth of cells.

If no elixir or magic drug is found in the next twenty years or so the attack on cancer will come to a full stop unless medical education at all levels is continued. In a teaching hospital, such as the M. G. H., where undergraduates, post-graduates, fellows, house and visiting staffs abound, education progresses perhaps more readily and effectively than in any other type of institution. In addition, a voluntary course in cancer is offered by the staff of the Huntington Hospital to the Medical School which has proven very popular.

The medical profession should watch the growth and development of this pattern of organization with the keenest of interest. It appears more applicable to the resources of the nation at large than the alternative approach which has been suggested, namely, the establishment of Cancer Hospitals in every large community.

Book Reviews

Amiable Autocrat, A Biography of Dr. Oliver Wendell Holmes. By Eleanor M. Tilton. 470 pages. New York: Henry Schuman, 1947. Price $5.00.

Miss Tilton, Instructor in English at Temple University, with a background of training at Mount Holyoke, Vassar, Mac Muray, Boston University and Columbia, has written a biography which is not only a model of scholarly research and sound craftsmanship, but is also easy to read. She deftly avoids the pitfalls alike of artiness and of heaviness. Without obtruding her own personality, she conveys a believable picture of Dr. Holmes against his background of 19th century literary and medical Boston. Comparison with Catherine Drinker Bowen's life of the doctor's son, Justice Holmes, is practically inevitable. Whereas Mrs. Bowen leaves the reader in no doubt as to her own opinion of the two Holmes, Miss Tilton leans over backward in allowing the reader to arrive at his own conclusions.

As far as Dr. Holmes is concerned, the choice would seem to lie between a shallow little monster of self-satisfied conceit and affectation on the one hand, and as Osler calls him, "the most successful combination the world has ever seen of physician and man of letters," on the other. Perhaps he touched both extremes at different ages. Certainly the bumptious, upstage college-boy with an unquenchable thirst for applause, and the sophisticated young gentleman writing patronizing letters home for ever more money than his clergyman father could afford to spend on European junketings, with tear-jerking references to himself as "pale and fatigued with study" while he was not stinting himself on food, lodging or good company in Paris leave an unattractive impression. In later years we see him surrounded with admiring friends, candidly,—perhaps too candidly,—making public admissions of the weaknesses he lovingly discovered in himself, facing the trials and disasters of age with his own kind of courage bravely or flippantly displayed, and to the end refusing to be remodeled in a more conventional mold. There is much in this picture to be admired.

For Holmes everything was too easy. In compensation for his short stature Nature had endowed him with a disastrous facility. In terms of the dawning science of psychology which his nimble mind foresaw but was too restless to explore he suffered from the "bantam complex", and over-corrected with a prodigal hand. He recognized the existence of an urge that drove him ceaselessly towards the self-justification of popular acclaim, an urge he indulged by his teaching, his rhyming, his lecture-platform, but never fully satisfied. Labors involving more concentrated effort and less prompt returns he found distasteful. He deplored in himself "an inability to give any subject his whole attention, and a tendency to be easily distracted", but he bore up manfully under the affliction, perhaps because there was always one subject which to him was never stale,—himself.

To his public he was "Boston's most accessible celebrity". What he was to his family is less apparent. Mrs. Bowen implies a lack of sympathy between the doctor and his son which Miss Tilton lightly overpasses. Serious young Oliver Wendell Holmes, later to become Justice Holmes, was caught up in the patriotic fervor of the war, enlisted, and was wounded at the battle of Antietam. His father, who had used his influence to get the boy a commission, lost no time in conducting a personal search for his wounded son in the neighborhood of the battlefield. "My Hunt After the Captain", published on his return to Beacon Street, lightly admitted his many readers to the privacy of a father's grief. We are told the convalescent captain received visitors in his father's house. "I envy my white Othello", the father wrote, "with a semicircle of young Desdemonas about him listening to the often told story which they will have over again." Miss Tilton points out that there is no direct evidence that the publicity of the father's article distressed the son, but readers fresh from the emotions of a more recent war may judge whether such flamboyant sentiments would be likely to make a combat soldier cringe.

Whoever said, "His popularity was greater than he deserved" was presumably comparing Holmes' value with that of his contemporaries; Darwin, Pasteur, Lister, Wordsworth, to mention only a few of the giants whose value to the world must be measured by quite different standards. In medicine Holmes' noisy journalistic warfare in support of the contagiousness of child-bed fever cannot be compared with the less articulate but self-sacrificing clinical work of Semmelweis any more than Holmes' "occasional" verses can be compared with Emerson's stern, soul-searching prose. Holmes' value is the value of the entertainer, and in this field he was unsurpassed. Even in cold print, a century after it was written, his literary work preserves much of its entertainment value. With the huge vitality and personal charm which the living man undoubtedly had, his contemporary popularity is not hard to understand.

Horatio Rogers, '23

400 Years of a Doctor's Life. By George Rosen, M.D. and Beate Caspari Rosen, M.D., 429 pages. New York: Henry Schuman, 1947. Price $5.00.

This extraordinary anthology of medical autobiography attempts to create a composite picture of the doctor as he is at every stage of his career, so that the non-medical reader or patient about whom doctors are supposed to understand so much, can learn what manner of man a doctor may be. In order to dissect the composite doctor adequately, ten phases of his life (reminiscent of the German system of anatomical dissection by layers) have been displayed by the authors,—both graduates of the Medical Faculty of the University of Berlin. These phases are: early years, school days, medical student practitioner, scientist-scholar-teacher, marriage, being a patient, war service, writer-politician, and philosopher on life and death. The samples are selected from the autobiographies of eighty men, whose lives cover a span of four hundred years, from Ambroise Paré in 1510 to doctors still living at the present time.

Reading the book in sequence from cover to cover, as the authors in their preface advise, is a task for which the incentive would appear to be inadequate—at least for this reviewer. No sooner is the reader's curiosity aroused by one selection than suddenly he finds himself in the hands of a stranger in another century. Furthermore, since the authors are familiar with the whole biography of each of these eighty individuals, it is perhaps fair to suggest that they have underrated the importance of contemporary background to the reader, who, without it, receives a kaleidoscopic impression which was not intended either by the biographer or the anthologist.

As a reference book, on the other hand, this work has the obvious disadvantage of separating fragments of lives of the same and of different individuals by pages unrelated to the individual in question. It may be said, however, that the authors' purpose was an original one, and that they are to be congratulated on the felicity of the passages they have chosen to accomplish it.

Horatio Rogers, '23

Necrology

1883

SAMUEL DELANO died at Hartford, Conn., November 8, 1947.

1896

SIDNEY ISAAC SCHWAB died at Boston, Mass., November 12, 1947.

1898

JOHN CLIFFORD HANCOCK died at Dubuque, Iowa, June 18, 1947.

1902

ARTHUR MOSES GREENWOOD died at Laconia, N. H., December 14, 1947.

DAVID BARNARD LEPPER died at Bluefield, W. Va., December 8, 1947.

1904

LESTER PIERPONT GERRISH died at Lisbon Falls, Me., November 12, 1947.

LYNN STALEY BEALS died at Lyons, N. Y., October 1, 1947.

1905

BENJAMIN ERNEST SIBLEY died at Brookline, Mass., November 19, 1947.

1906

JAMES ARCHER O'REILLY died at St. Louis, Mo., December 5, 1947.

1918

ADOLPH SHOENFIELD died at Detroit, Mich., November 23, 1947.

1919

GEORGE VINCENT COLEMAN died at Providence, R. I., December 10, 1947.

1933

OLIVER WILLIAM WELCH died at Birmingham, Ala., October 21, 1947.